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	CUSTOMER	NUMBER).C	A hereby certify that States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is bein with sufficient postage for fin ail Stop ISSUE FEE address PTO (571) 273-2885, on the	smission g deposited with the United rst class mail in an envelope s above, or being facsimile date indicated befow.
	2285	\cap					(Depositor's name)
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		•)			(Date)
APPLICATION NO.	FILING DATE]	FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/805,362	03/22/2004	Yohichiro Miyaguc			hi	250833US2	9471
APPLN, TYPE	SMALL ENTITY	ISSUE FI	FF.	DI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO		\$1400	\$1400		\$300	\$1700	09/12/2006
EX	ART UN	ART UNIT		ASS-SUBCLASS			
REIS, TRAVIS M			59 399-254000				
1. Change of corresponde CFR 1.363). Change of corresp Address form PTO/SB "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	f Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA TO	BE PRINTED ON T	L THE PATEN	Γ (print o	r type)		,
			data will app Γa substitute	ear on the for filing	ne patent. If an assig g an assignment.	gnee is identified below, the c	
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STAGRETORSONS) MAINTED 2 08809985 10805362						
Ricoh Company, Ltd.			Tokyo	, JAP	AN 01 FC:1 92 FC:	1501 15 0 4	1400.00 OP 300.00 OP
Please check the appropr	ate assignee category or categ	ories (will not be pr	inted on the p	oatent):	Individual 🗵 (Corporation or other private gr	oup entity Government
4a. The following fee(s):		4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).					
	tus (from status indicated aboves SMALL ENTITY status. See	•	☐ b. Applic	cant is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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